2004 CBT 301 Soft Tissue Injuries

KING COUNTY EMERGENCY MEDICAL SERVICES (12/15/03) MH

SKILLS CHECKLIST

FOR RECERTIFICATION

NAME	PRINT STUDENT'S NAME	EMS #		DATE	

Objective: Given a partner, appropriate equipment and a patient with a soft tissue injury, demonstrate appropriate assessment and treatment as outlined in CBT 301 and BLS Patient Care Guidelines.

SCENE SIZE-UP (must verbalize)

☐ BSI	☐ Scene Safety	☐ Determines NOI/MOI	☐ Number of Patients	☐ Additional Resources

INITIAL ASSESSMENT (must verbalize)

☐ Mental Status ☐ Chief complaint	☐ C-spine ☐ Airway	☐ Breathing	☐ Circulation ☐ Bleeding	☐ Obvious Trauma ☐ Body Position	☐ Sick ☐ Not Sick

SUBJECTIVE (FOCUSED HISTORY)

- ☐ **Establishes rapport** with patient and obtains consent to treat
- ☐ Reassures and calms patient
- ☐ Determines patient's chief complaint and follows **SAMPLE** and **OPQRST** investigation
- ☐ Obtains names/dosages of current **medications**

OBJECTIVE (PHYSICAL EXAM)

- ☐ Records and documents **baseline vital signs**
- ☐ Performs appropriate **medical / trauma exam** — exposes/checks for additional bleeding and/or injuries
- ☐ Assesses circulation, motor and sensory **(CMS)** before and after wound care (as indicated)
- ☐ Obtains second set of vital signs and compares to baseline

ASSESSMENT (IMPRESSION)

- ☐ Verbalizes **impression** (R/O)
- ☐ Determines if **ALS is needed** — states rationale _____

PLAN (TREATMENT)

GENERAL CARE *(Check all that apply)*

- ☐ Applies **direct pressure** to the wound
- ☐ Elevates extremity (if indicated)
- ☐ Applies **dressing/bandage** to wound
- ☐ Administers additional care as indicated: pressure dressing, pressure point, splinting
- ☐ Administers appropriate rate and delivery of **oxygen**
- ☐ Properly **positions patient**
- ☐ Initiates steps to prevent heat loss
- ☐ Indicates need for **immediate ALS/transport** (SICK)
- ☐ **Monitors** patient vital signs
- ☐ Considers **IOS**
- ☐ _____(additional)

CRITICAL FAIL CRITERIA

DID NOT…

- ☐ Take/verbalize **BSI**
- ☐ Appropriately provide/manage airway, breathing, bleeding control, treatment of shock
- ☐ Administer appropriate rate and delivery of **oxygen** (if indicated)
- ☐ Indicate the need for immediate **ALS/transport** (SICK)

COMMUNICATION AND DOCUMENTATION

- ☐ Delivers timely and effective **short report** (if indicated)
- ☐ Completes SOAP narrative portion of incident response form

RECERTIFY

☐ YES ☐ NO

2nd ATTEMPT

☐ YES ☐ NO

EVALUATOR SIGN YOUR NAME	EMS #	IF NO EXPLAIN

CBT 301 Soft Tissue Injuries Student name Recert Yes No Date Written Score (online / other)

TIME →						
Blood Pressure						
Pulse Rate						
Respiratory Rate						
Consciousness						
ECG Rhythm						
Oxygen						
Meds						
(Pulse Oximetry)						
(Glucometry)						

Medications taken by patient at home

Allergies

Chief Complaint

Narrative

2004 CBT 433 Abdominal Pain

KING COUNTY EMERGENCY MEDICAL SERVICES (12/15/03) MH

SKILLS CHECKLIST

FOR RECERTIFICATION

NAME	PRINT STUDENT'S NAME	EMS #		DATE	

Objective: Given a partner, appropriate equipment and a patient with abdominal pain, demonstrate appropriate assessment and treatment as outlined in CBT 433 and BLS Patient Care Guidelines.

SCENE SIZE-UP (must verbalize)

☐ BSI	☐ Scene Safety	☐ Determines NOI/MOI	☐ Number of Patients	☐ Additional Resources

INITIAL ASSESSMENT (must verbalize)

☐ Mental Status	☐ C-spine	☐ Breathing	☐ Circulation	☐ Body Position	☐ Sick
☐ Chief complaint	☐ Airway		☐ Bleeding	☐ Obvious Trauma	☐ Not Sick

SUBJECTIVE (FOCUSED HISTORY)

- ☐ **Establishes rapport** with patient and obtains consent to treat
- ☐ Reassures and calms patient (notes pertinent comments from the patient, e.g. pregnancy-related history, possibility of domestic violence, etc.)
- ☐ Determines patient's chief complaint and follows **SAMPLE** and **OPQRST** investigation
- ☐ Obtains names/dosages of current **medications**

OBJECTIVE (PHYSICAL EXAM)

- ☐ Records and documents **baseline vital signs**
- ☐ Performs appropriate **medical/trauma exam** — exposes/checks for additional bleeding and/or injuries
- ☐ Obtains second set of vital signs and compares to baseline

ASSESSMENT (IMPRESSION)

- ☐ Verbalizes **impression** (R/O)
- ☐ Determines if **ALS is needed** — states rationale _____

PLAN (TREATMENT)

GENERAL CARE *(Check all that apply)*

- ☐ Properly positions patient
- ☐ Performs abdominal exam
- ☐ Considers **postural BP check**
- ☐ Administers appropriate rate and delivery of **oxygen**
- ☐ Administers additional care as indicated: wound care, splinting
- ☐ Considers **pregnancy-related questions** (if indicated)
- ☐ Initiates steps to prevent heat loss
- ☐ Indicates need for **immediate ALS/transport** (SICK)
- ☐ Monitors patient vital signs
- ☐ Collects emesis and describes character (if indicated)
- ☐ Considers **IOS**
- ☐ _____(additional)

CRITICAL FAIL CRITERIA

DID NOT…

- ☐ Take/verbalize **BSI**
- ☐ Appropriately provide/manage airway, breathing, bleeding control, treatment of shock
- ☐ Administer appropriate rate and delivery of **oxygen** (if indicated)
- ☐ Indicate the need for immediate **ALS/transport** (SICK)

COMMUNICATION AND DOCUMENTATION

- ☐ Delivers timely and effective **short report** (if indicated)
- ☐ Completes SOAP narrative portion of incident response form

EVALUATOR SIGN YOUR NAME EMS #

RECERTIFY

☐ YES ☐ NO

2nd ATTEMPT

☐ YES ☐ NO

IF NO EXPLAIN

CBT 433 Abdominal Pain | Student name | Recert Yes No | Date | Written Score | (online / other)

TIME →						
Blood Pressure						
Pulse Rate						
Respiratory Rate						
Consciousness						
ECG Rhythm						
Oxygen						
Meds						
(Pulse Oximetry)						
(Glucometry)						

Medications taken by patient at home

Allergies

Chief Complaint

Narrative

2004 CBT 443 Altered Mental States

Poisoning/Overdose

KING COUNTY EMERGENCY MEDICAL SERVICES (12/15/03) MH

SKILLS CHECKLIST

FOR RECERTIFICATION

NAME	PRINT STUDENT'S NAME	EMS #		DATE	

Objective: Given a partner, appropriate equipment and a patient with an altered mental status, demonstrate appropriate assessment and treatment as outlined in CBT 443 and BLS Patient Care Guidelines.

SCENE SIZE-UP (must verbalize)

☐ BSI	☐ Scene Safety	☐ Determines NOI/MOI	☐ Number of Patients	☐ Additional Resources

INITIAL ASSESSMENT (must verbalize)

☐ Mental Status ☐ Chief complaint	☐ C-spine ☐ Airway	☐ Breathing	☐ Circulation ☐ Bleeding	☐ Body Position ☐ Obvious Trauma	☐ Sick ☐ Not Sick

SUBJECTIVE (FOCUSED HISTORY)

- ☐ **Establishes rapport** with patient and obtains consent to treat
- ☐ Reassures and calms patient (notes pertinent comments from the patient e.g. suicide attempt, OD, etc.)
- ☐ Determines patient's chief complaint and follows **SAMPLE** and **OPQRST** investigation
- ☐ Obtains names and dosages of current/ingested **medications/poisons** (includes time of ingestion/exposure)

OBJECTIVE (PHYSICAL EXAM)

- ☐ Records and documents **baseline vital signs**
- ☐ Performs appropriate **medical/trauma exam**—exposes/checks for bleeding/injuries, needles, marks, tracks
- ☐ Obtains second set of vital signs and compares to baseline

ASSESSMENT (IMPRESSION)

- ☐ Verbalize **impression** (R/O)
- ☐ Determines if **ALS is needed** — states rationale _____

PLAN (TREATMENT)

GENERAL CARE *(Check all that apply)*

- ☐ Protects patient from further injury
- ☐ Removes hazardous objects
- ☐ Performs ***gross decontamination*** (if indicated)
- ☐ Administers additional care as indicated: wound care, psychological/emotional care
- ☐ Administers appropriate rate and delivery of **oxygen**
- ☐ Properly **positions patient**
- ☐ Initiates steps to prevent heat loss
- ☐ Indicates need for **immediate ALS/transport** (SICK)
- ☐ Monitors patient **vital signs**
- ☐ Collects emesis and/describes character (if indicated)
- ☐ Considers **IOS**
- ☐ _____(additional)

CRITICAL FAIL CRITERIA

DID NOT…

- ☐ Take/verbalize **BSI**
- ☐ Appropriately provide/manage airway, breathing, bleeding control, treatment of shock
- ☐ Administer appropriate rate and delivery of **oxygen** (if indicated)
- ☐ Indicate the need for immediate **ALS/transport** (SICK)

COMMUNICATION AND DOCUMENTATION

- ☐ Delivers timely and effective **short report** (if indicated)
- ☐ Completes SOAP narrative portion of incident response form

EVALUATOR SIGN YOUR NAME EMS #

RECERTIFY

☐ YES ☐ NO

2nd ATTEMPT

☐ YES ☐ NO

IF NO EXPLAIN

CBT 443 Altered Mental States Student name Recert Yes No Date Written Score (online / other)

TIME →						
Blood Pressure						
Pulse Rate						
Respiratory Rate						
Consciousness						
ECG Rhythm						
Oxygen						
Meds						
(Pulse Oximetry)						
(Glucometry)						

Medications taken by patient at home

Allergies

Chief Complaint

Narrative

2004 CBT 536 Pediatric Trauma

KING COUNTY EMERGENCY MEDICAL SERVICES (12/15/03) MH

SKILLS CHECKLIST

FOR RECERTIFICATION

NAME	PRINT STUDENT'S NAME	EMS #		DATE	

Objective: Given a partner, appropriate equipment and a pediatric patient with a traumatic injury, demonstrate appropriate assessment and treatment as outlined in CBT 536 and BLS Patient Care Guidelines.

SCENE SIZE-UP (must verbalize)

☐ BSI	☐ Scene Safety	☐ Determines NOI/MOI	☐ Number of Patients	☐ Additional Resources

INITIAL ASSESSMENT (must verbalize)

☐ Appearance ☐ Chief complaint	☐ Work of Breathing	☐ Circulation to Skin ☐ Bleeding	☐ Obvious Trauma/C-spine ☐ Body Position	☐ Sick ☐ Not Sick

SUBJECTIVE (FOCUSED HISTORY)

- ☐ **Establishes rapport** appropriate for patient's age and obtains **consent** to treat (from parents if present)
- ☐ Reassures and calms patient – considers immediate **spinal precautions** (explains procedures as indicated)
- ☐ Determines patient's chief complaint and follows **SAMPLE** and **OPQRST** investigation
- ☐ Obtains names/dosages of current **medications** (use parents as historians, if possible)

OBJECTIVE (PHYSICAL EXAM)

- ☐ Records and documents **baseline vital signs**
- ☐ Performs appropriate **trauma exam** — exposes/checks for additional bleeding and/or injuries
- ☐ Assesses **CMS** before and after wound care (as indicated)
- ☐ Obtains second set of vital signs and compares to baseline

ASSESSMENT (IMPRESSION)

- ☐ Verbalize **impression** (R/O)
- ☐ Determines if **ALS is needed** — states rationale _____

PLAN (TREATMENT)

GENERAL CARE *(Check all that apply)*

- ☐ Considers immediate **spinal precautions**
- ☐ Properly positions patient
- ☐ Administers additional care as indicated: wound care, splinting
- ☐ Administers appropriate rate and delivery of **oxygen**
- ☐ Applies appropriate spinal stabilization and immobilization (if indicated)
- ☐ Initiates steps to prevent heat loss
- ☐ Indicates need for immediate ALS/transport (SICK)
- ☐ Monitors patient vital signs
- ☐ Incorporates parents as needed
- ☐ Considers **IOS**
- ☐ _____(additional)

CRITICAL FAIL CRITERIA

DID NOT…

- ☐ Take/verbalize **BSI**
- ☐ Appropriately provide / manage airway, breathing, bleeding control, treatment of shock
- ☐ Did not assess/provide for appropriate spinal precautions
- ☐ Administer appropriate rate and delivery of **oxygen** (if indicated)
- ☐ Indicate the need for immediate **ALS/transport** (SICK)

COMMUNICATION AND DOCUMENTATION

- ☐ Delivers timely and effective **short report** (if indicated)
- ☐ Completes SOAP narrative portion of incident response form

RECERTIFY

☐ YES ☐ NO

2nd ATTEMPT

☐ YES ☐ NO

EVALUATOR SIGN YOUR NAME EMS #

IF NO EXPLAIN

CBT 536 Pediatric Trauma | Student name | Recert Yes No Date | Written Score | (online / other)

TIME →						
Blood Pressure						
Pulse Rate						
Respiratory Rate						
Consciousness						
ECG Rhythm						
Oxygen						
Meds						
(Pulse Oximetry)						
(Glucometry)						

Medications taken by patient at home

Allergies

Chief Complaint

Narrative

2004 CBT 620 Infectious Disease

KING COUNTY EMERGENCY MEDICAL SERVICES (12/15/03) MH

INFECTIOUS DISEASE PROGRAM REVIEW

REQUIRED ANNUALLY FOR RECERTIFICATION

NAME	PRINT STUDENT'S NAME	EMS #		DATE	

Objective: To fulfill the requirements of WAC 296-305-0251 which states "All firefighter/EMTs shall be required to annually review the infectious disease information, updates, protocols, and equipment used in their department's infectious disease plan. Additional specific training requirements are outlined in WAC 296-823-12005."

- ☐ The course CBT 620 Infectious Disease was completed and the "written" exam was completed with a score greater than 70%.
- ☐ The person who conducted the required review of the department's infectious disease policy is knowledgeable about the program and its contents.

The review contained:

- ☐ A general explanation of the epidemiology, symptoms and transmission of infectious diseases. (covered in CBT 620)
- ☐ An explanation of the department's exposure control plan
- ☐ Information about available personal protective equipment (PPE)
- ☐ Information pertaining to the reporting of an exposure
- ☐ Information about post exposure evaluation and follow-up procedures following an exposure incident

The review fulfills the requirements set forth in WAC 296-305-0251 and WAC 296-823-12005
(It is strongly suggested that the above WACs are reviewed to assure compliance with Washington State law.)

COMMUNICATION AND DOCUMENTATION	RECERTIFY
☐ Delivers timely and effective **short report** (if indicated) ☐ Completes SOAP narrative portion of incident response form	☐ YES ☐ NO
EVALUATOR SIGN YOUR NAME EMS #	IF NO EXPLAIN